UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND	
1 Date of Request: 23 May 05 2 Serial/Patent # 10-5/7,5/2	
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	1 12/10/04 \$ 100
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
	7 TOTAL AMOUNT OF REFUND \$
	8 TO BE REFUNDED BY:
10 REASON:	Treasury_Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	, 15-0700
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: Anita Johnson Title: Paraligal	
SIGNATURE: Anta flund PHONE: 308-9/40	
office: DU-EO	
THIS SPACE RESERVED FOR FINANCE USE ONLY:	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B